	_	THE DIVISION OF HE	ALTH OF MISSOUR		
FLED FEB 5	5 194 9 S	TANDARD CERTIF	ICATE OF DEA	D101 1 110 110 11	2037
· . BIRTH NO	RE	G. DIST. NO. <u>25/</u>	PRIMARY REG. DIST. N	<i>~◇と</i> ~	19
I. PLACE OF DEA			2. USUAL RESIDE	NCE (Where deceased lived. If in	rtitution: residence before
a. COUNTY	Nodaway, Ho	opkins, Mo.	a. STATE Iowa	Pagecounty	H & G
b. CITY (If outside cor		Lander LENGTH OF	c. CITY (If outside corpo	rate limits, write RURAL and give tow	methip) /3
_ townRural	$2\frac{1}{2}$ mi./S.	W. Town 12 day	B TOWN Rural	East River Tw	rsp. 5
d. FULL NAME OF (I HOSPITAL OR 2 INSTITUTION 2		ion, give street address or location) mi W.Hopkins	d. STREET ADDRESS 5 Mi	(If rural, give location) S.E. Shambaug	h 2
DECEMBED	a. (First)	b. (Middle)	c. (Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	EZRA	P.	HARDEE	DEATH Jan. 2	0, 1949
5. SEX 6. 0	COLOR OR RACE 7.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Speedly)	8, DATE OF BIRTH	9. AGE (In years of more	1 YEAR IF UNDER IS HES. Days Hours ! Min.
Male 0 V	Mhite M	arried	Sept. 26.	1861 87	Dese Louis Min.
0a. USUAL OCCUPATIO	N (Give kind of work 10b	. KIND OF BUSINESS OR IN- DUSTRY	11. BIRTHPLACE (State or		12. CITIZEN OF WHAT
Farmer	g ille, even if retired)	דאוכטע	Page Cou	ınty, Iowa√	COUNTRY!
Ba. FATHER'S NAME	<u> </u>	136. MOTHER'S MAIDEN	NAME	14. NAME OF HUSBAND OR WIT	E
William H	Hardee	Elizabeth	Farley	Mary L. Harde	е
5. WAS DECEASED EVER Yes, no. or unknown) (II 1 11 O	R IN U.S. ARMED FORC	ES? 16. SOCIAL SECURITY NO.	17. INFORMANT'S	SIGNATURE OR NAME	ADDRESS
8. CAUSE OF DEATH		MEDICAL O	ERTIFICATION		INTERVAL BETWEEN
Enter only one cause per	1. DISEASE OR CONDITION OF THE CONDITION	TION COLC	in man of	110 marea	ONSET AND DEATH
line for (a), (b), and (c)		(-)			0
*This does not mean	ANTECEDENT CAUSES	•	• •	1 1	
he mode of dying, such us heart failure, asthenia,	. Hise to the above cause (ny, gioing DUE TO (b)		1) -[-1	-
te. It means the dis-	the underlying cause las	t. DUE TO (c)			_
ease, injury, or complica- tion which caused death.	II. OTHER SIGNIFICAN		Int 17	ant to	- 30 24
	Conditions contributing related to the disease or	to the death but not	my y	7-1-0-0	frans
19a. DATE OF OPERA-	196. MAJOR FINDING	S OF OPERATION	a had with	obspring time of	20. AUTOPSY?
10/30/48	Karya care	ma france	Sil.	a sucts.	YES NO 4
SUICIDE HOMICIDE	(Specify) 21b. F home.	LACE OF INJURY (e.g., in or about farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TO	OWNSHIP) (COUNTY)	(STATE)
Id. TIME (Month) OF INJURY	(Day) (Tear) (Hour)	21e. INJURY OCCURRED WHILE AT NOT WHILE WORK	211. HOW DID INJURY O	CCUR?	1,
2. I hereby certify the		1 1-0	,,, ~~	o , 19 49, that I la causes and on the date state	
24. SIGNATURE		(Degree or title)	23b. ADDRESS	1)	23c. DATE SIGNED
Aspe	reky !	17.5. n	Clarin	2 Ja.	1/21/49
24a. BURIAL, CREMA- TION, REMOVAL (Beatly)	24b. DATE /	24c. NAME OF CEMETER		d. LOCATION (Oity, town, or con	nty) (State)
			/1 i l	Classical Issue	_
Kemoval	1/20/49	Shearer	vemetery _	Clarinda, Iow	a •
Removal	1/50/119	<u></u> '	25 FUNERAL DIRECTO	R'S SIGNATURE A	DORESS
Kemoval	1/50/119	TURE 229	25 FUNERAL DIRECTO	on's signature a	DORESS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by												
					***************************************	***************************************		Student	Embalmer	Mo	,	
workin	g under n	пу регзе	onal supervision	١.								
This	body	was	removed	рo	Clarinda,	Iowa	and	embalmed	there	ря	Loren	Davison

Signed Student Embelmer #3148
Student Embelmer

Student Embelmer

P. O. Address Claruda Joura

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.